TVSEF Student Application, Research Plan and Approval (TVSEF-1)

This completed form is required for ALL projects. Type or print all information requested. Every question must be answered. This form MUST be displayed with your project at the Fair.

1)	Student's Name						Grade			
2)	Titl	itle of Project								
3)	Home address						Phone No			
4)	Scł	School, City & State								
5)	Tea	acher's Name	F	Phone # Fax. #						
6)	Adı	Adult Sponsor*Relationship								
				Fax. #						
7)		mpeting at: (check one)		☐ Individu						per maximum)
8)	Cat	tegory (check one)								
	Jun	Junior Division (Grades 7–8) Senior Division (Grades 9–12)								
	1.	Behavioral and Social Sciences	1.2.		nd Social Scie			-		mental Sciences
	2.	J	Biochemistry					Mathem		
	3.	'	☐ 3.	Botany						e and Health
	4. -	•	☐ 4. □ <i>5</i>	,					Microbic	
Ц	5.	Team	□ 5.	Computer Sci					Physics	
			□ 6.□ 7.	_	ace Sciences			13. Z	Zoology Toom	
				0 0	·		_			
9)	ls tr	this a continuation from the previous	ous yea	ar's science pi	roject?		Ц	Yes		□ No
10)	Sta	arting date of this year's experime	entatior	າ (must be sta	ited):				'	
						month:			ay:	year:_
11)	Wh	nere will you complete your lab w	ork?	□ School	☐ Home	□ Fi	ield		Rese	earch Institution
12	2) CI	heck all items that apply to your	researd	ch. While doir	na my projec	t. I will b	е ех	oerin	nenting	ı with:
i	_,							•	_	
i l										
i		required])			·					-
i		\ 1 1				•		•	•	ired])
		• • • •		•		•				
 		Controlled Substances (requires (Senior Division Only)	s prior S	RC approval; c	omplete Form	ns: Check	dist,	1, 2 * *	[1A, 3	if required])
 		☐ Human/Animal Tissue (requires prior SRC approval; complete Forms: Checklist, 1, 2** [1A and 6, if required])							d 6, if required])	
 		(Senior Division Only) ☐ Hazardous Substances or Devices (complete Forms: Checklist, 1, 3 [1A, if required])								
	J	NONE OF THE ABOVE (complete forms: Checklist, 1 [1A, if required])								

Note: Adult sponsor must be a teacher, scientist, or engineer.

^{**} Senior Division Only.

TVSEF-1 (continued)

13) Research Plans

Complete the following information in detail. (See examples in the TVSEF Step-By-Step Student Guide for assistance. Contact your teacher or the TVSEF staff for a copy, or visit our website at www.llnl.gov/tvsef). Attach a separate sheet if necessary.

- A. Problem or question being addressed.
- B. Hypothesis.
- **C. Description** <u>in detail</u> **of method or procedures** (including chemical concentrations and drug dosages).

For human research, include survey or questionnaires if used, and critically evaluate the risk. For nonhuman vertebrate animals research, you must briefly discuss potential alternatives and present reasons for why alternatives are not suitable.

TVSEF-1 (continued)
This completed form is required for ALL individuals, including team participants.

Stu	dent's Name							
14)	. TVSEF Approvals		(Required for ALL projects).					
a)	Student Acknowledgment:							
	I understand the risks and possible dangers to me of the proposed Research Plan . I will adhere to Rules when conducting this research.							
Stu	dent's Printed Name	Signature	Date Acknowledged					
b)	Parent/Guardian Approval:							
	I have read and understand the risks and consent to my child participating in this re	Sponsor-approved Research Plan . I						
 Par	ent/Guardian's Printed Name	Signature	Date of Approval					
c)	Adult Sponsor* Approval:							
			Checklist for Adult Sponsor with the student. compliance with all TVSEF Fair/ISEF Rules a					
Adu	ult Sponsor's Printed Name	Signature	Date of Approval					
d)	TVSEF SRC Approval**							
	SRC App	oroval Before Experime	ntation					
	Committee has carefully studied this projesting signature indicates approval of the Resear							
SRO	C/IRB Chair's Printed Name	Approved						
		Date of Appl	Date of Approval					
		· ·	(D : 16 All : ()					
e)	TVSEF SRC Approval and Applicat	ion Acceptance	(Required for ALL projects)					
	s project adheres to the Research Pla r/ISEF.	n and complies with the rules	of the TVSEF and ISEF Science					
TVS	SEF SRC Chair's Approval		Date of Approval					
	Note: Adult sponsor must be a teache Some projects need prior approval (i.e	-						

TVSEF Checklist for Adult Sponsor*/Safety Assessment form
This form must be completed by the Adult Sponsor and is required for ALL participants.
It must be completed prior to experimentation.

Stu	ident	's Na	me:							
Titl	e of l	Proje	ct							
1)		I have reviewed and signed the Application, Research Plan and Approval Form (TVSEF-1).								
2)		The	The student and a parent/guardian have signed the Approval Form.							
3)		This project involves the following area(s)and requires prior approval by the TVSEF SRC before experimentation begins:								
			Human Subjects		Recombinant DNA					
			Nonhuman Vertebrate Animals		Human or Animal Tissue (Senior Division only)					
			Pathogenic Agents**		Hazardous substances or devices (complete Item #5)					
			Controlled substances							
			** All bacteria, fungi, etc. isolated from	m the	e environment should be considered potentially pathogenic.					
4)			his project does NOT involve any of the research areas listed in #3. Prior approval from the SRC is ot required.							
5) 🗆			This project involves the hazardous substances or devices checked below. A Designated Supervisor will provide proper supervision to the student.							
			Chemicals (i.e., hazardous, flammable, explosive or highly toxic; carcinogens; mutagens and all pesticides). I have reviewed with the student the Material Safety Data Sheet (MSDS) Listing for each chemical that will be used. I have also reviewed the proper safety standards for each chemical including toxicity data, proper handling techniques, and disposal methods. For Safety in Academic Chemistry Laboratories, write to the American Chemical Society, Career Publications, 1155 16th St., NW, Washington, DC 20036 (202/872-4512).							
			Equipment (i.e., welders; lasers; voltage greater than 220 volts). I have reviewed with the student the proper operational procedures and safety precautions for the equipment to be used by the student. For information about laser standards and research, write to the Food and Drug Administration, Office of Compliance, 2098 Gaither Rd. Rockville, MD 20850 (301 /594-4692).							
			☐ Radioactive Substances. I have reviewed the proper safety standards for each radioactive substance the student will use.							
		□ Radiation (i.e., x-ray or nuclear; unshielded ionizing radiation of 100-400 nm wavelength). I have reviewed with the student the proper safety methods concerning the type of radiation the student use.								
			District d Norman							
Ad	ult S	ponso	or's Printed Name Signat	ure	Date of Review					

^{*} Note: Adult sponsor must be a teacher, scientist, or engineer.